

# ATTACHMENT 7

## Medicare disclaimer codes for dental services

The following table indicates appropriate Medicare disclaimer codes for use in Element 33 on the ADA 2000 paper claim form when billing Medicare prior to billing Wisconsin Medicaid.

Code	Description
M-5	<p><b>Provider is not Medicare certified.</b> This code may be used when providers are identified in Wisconsin Medicaid files as being Medicare certified, but are billing for dates of service before or after their Medicare certification effective dates. Use M-5 in the following instances:</p> <p><i>For Medicare Part A (all three criteria must be met):</i></p> <ul style="list-style-type: none"> <li>✓ The provider is identified in Wisconsin Medicaid files as certified for Medicare Part A, but the provider was not certified for the date the service was provided.</li> <li>✓ The recipient is eligible for Medicare Part A.</li> <li>✓ The procedure provided is covered by Medicare Part A.</li> </ul> <p><i>For Medicare Part B (all three criteria must be met):</i></p> <ul style="list-style-type: none"> <li>✓ The provider is identified in Wisconsin Medicaid files as certified for Medicare Part B, but the provider was not certified for the date the service was provided.</li> <li>✓ The recipient is eligible for Medicare Part B.</li> <li>✓ The procedure provided is covered by Medicare Part B.</li> </ul>
M-7	<p><b>Medicare disallowed or denied payment.</b> This code applies when Medicare denies the claim for reasons related to policy (not billing errors), or the recipient's lifetime benefit, spell of illness, or yearly allotment of available benefits is exhausted. Use M-7 in the following instances:</p> <p><i>For Medicare Part A (all three criteria must be met):</i></p> <ul style="list-style-type: none"> <li>✓ The provider is identified in Wisconsin Medicaid files as certified for Medicare Part A.</li> <li>✓ The recipient is eligible for Medicare Part A.</li> <li>✓ The service is covered by Medicare Part A but is denied by Medicare Part A due to frequency limitations, diagnosis restrictions, or the service is not payable due to benefits being exhausted.</li> </ul> <p><i>For Medicare Part B (all three criteria must be met):</i></p> <ul style="list-style-type: none"> <li>✓ The provider is identified in Wisconsin Medicaid files as certified for Medicare Part B.</li> <li>✓ The recipient is eligible for Medicare Part B.</li> <li>✓ The service is covered by Medicare Part B but is denied by Medicare Part B due to frequency limitations, diagnosis restrictions, or the service is not payable due to benefits being exhausted.</li> </ul>
M-8	<p><b>Noncovered Medicare service.</b> This code may be used when Medicare was not billed because the service is not covered in this circumstance. Use M-8 in the following instances:</p> <p><i>For Medicare Part A (all three criteria must be met):</i></p> <ul style="list-style-type: none"> <li>✓ The provider is identified in Wisconsin Medicaid files as certified for Medicare Part A.</li> <li>✓ The recipient is eligible for Medicare Part A.</li> <li>✓ The service is usually covered by Medicare Part A but not in this circumstance (e.g., recipient's diagnosis).</li> </ul> <p><i>For Medicare Part B (all three criteria must be met):</i></p> <ul style="list-style-type: none"> <li>✓ The provider is identified in Wisconsin Medicaid files as certified for Medicare Part B.</li> <li>✓ The recipient is eligible for Medicare Part B.</li> <li>✓ The service is usually covered by Medicare Part B but not in this circumstance (e.g., recipient's diagnosis).</li> </ul>